

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/049850	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1			1			
2		1					
3		1					
4		1					
5		1					
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46							
47							
TOTAL IND.	3						
TOTAL DEP.	5						
TOTAL CLAIMS	8						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

TOTAL IND.		TOTAL DEP.		TOTAL CLAIMS	